

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Philip L. Shettle DO**

Mailing Address 1670 Fox Rd

City

Clearwater

State

FL

Zip Code

33764-6433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

**Transaction ID : 35104353**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Teresa A. Hubka DO, FACOOG**

Mailing Address 1432 W Wolfram St

City

Chicago

State

IL

Zip Code

60657-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Wellness Care

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

**Transaction ID : 35104354**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joel A. Kase DO, MPH**

Mailing Address 36 Waters Edge Dr

City

Lewiston

State

ME

Zip Code

04240-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

**Transaction ID : 35104355**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00